**LACEY GREEN PRIMARY ACADEMY – AFTER SCHOOL CLUB 2016/2017**

**MEDICAL DATA COLLECTION FORM**

**IMPORTANT!**

**Please read and complete this whole form. Do not leave any sections blank – Circle either YES or NO for every section!**

|  |  |
| --- | --- |
| **Name of child** |  |
| **Date of Birth** |  |
| **Year Group** |  |

 **Medical information**

**Please circle YES or NO for each of the following. If you circle YES please provide further details.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical Condition** | **Yes** | **No** | **Details** |
| ***Does your child have?*** |  |  |  |
| **Asthma** | **YES** | **NO** | ***Please note: If you have ticked YES for this condition then medication that is in date should be kept in school at ALL times and a CARE PLAN should be completed and handed to the office.***  |
| **Any allergies to food, medication, pets or insect stings.**  | **YES** | **NO** | ***Please note: If you have ticked YES for this condition we need to know the severity of the allergy and whether your child has an EpiPen - if so a CARE PLAN should be completed handed to the office.*** |
| **Epilepsy**  | **YES** | **NO** | ***Please note: If you have ticked YES for this condition a CARE PLAN should be completed and handed to the office.*** |
| **Diabetes**  | **YES** | **NO** | ***Please note: If you have ticked YES for this condition a CARE PLAN should be completed and handed to the office.*** |
| **A hearing impairment** | **YES** | **NO** |  |
| **A vision impairment** | **YES** | **NO** | ***Please note: If you have ticked YES for this condition does your child need to wear glasses in school? YES / NO*** |
| **Are there any other conditions that school should be aware of?**  | **YES** | **NO** |  |

|  |  |
| --- | --- |
| **Name of person completing the form:** |  |
| **Relationship to child named above:** |  |
| **Date completed:**  |  |

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**